



AGING & INDEPENDENCE SERVICES

COUNTY OF SAN DIEGO ■ HEALTH AND HUMAN SERVICES AGENCY

LONG TERM CARE INTEGRATION PROJECT

Aging & Independence Services (AIS) San Diego Long Term Care Integration Project (LTCIP) Update for the Health Services Advisory Board (HSAB) January 2013

The goal of the Long Term Care Integration Project (LTCIP) is to improve service delivery for older adults and persons with disabilities. To achieve this goal, three incremental strategies were established: (1) The Aging and Disability Resource Connection (ADRC) (2) TEAM SAN DIEGO and (3) An Integrated Acute and Long Term Care Service Delivery Model.

ADRC Care Transitions

The Community-based Care Transitions Program (CCTP)

On November 14, 2012, the Health and Human Services Agency (HHS), Aging & Independence Services (AIS) entered into a Program Agreement with the Centers for Medicare and Medicaid Services (CMS) to implement CCTP in partnership with Palomar Health, Scripps Health, Sharp HealthCare, and the University of California San Diego (UCSD) Health System. CCTP is funded under Section 3026 of the Affordable Care Act (ACA). It is anticipated that CMS will announce San Diego's award on January 18th.

CCTP will serve 21,390 high-risk, fee-for-service Medicare patients each year in 13 hospitals with care transition services that include:

- improved care coordination and communication during the hospitalization and handoff to other providers upon discharge;
- medication education and reconciliation;
- patient and caregiver activation to better manage chronic health conditions through the Care Transitions Intervention (CTI) Program;
- intense short term care coordination through the Care Transitions Intervention (CTI) Enhancement Program; and
- palliative care for patients with advanced chronic diseases

Patients who are at high risk for a readmission because they lack essential social supports will be provided in-home care, transportation, home delivered meals, and other critical services. AIS will purchase support services for the patients for a short period of time after discharge if there is no other means to provide the assistance. The goal will be to link CTI patients as quickly as possible to ongoing home and community based services both within and outside of AIS.

A plan to strategically roll out CCTP in the 13 hospitals from January 22, 2013 through April 15, 2013 has been established. The CCTP Steering Committee and CCTP Work Team continue to meet to provide oversight of the administration and day-to-day operations of the program. Sole Source Contracts with the partnering health systems are being negotiated and are all expected to be executed by mid-February. Several key CCTP staff positions have been filled and additional staff will be hired as referrals to AIS increase.

The Beacon Care Transitions Intervention (CTI) Project

Through the Beacon-funded Care Transitions Intervention (CTI) Pilot, AIS Transition Coaches continue to enroll chronically ill, indigent patients who are over the age of 18 and are at high risk for a readmission at UCSD Hillcrest, Sharp Memorial and Scripps Mercy into CTI. A Translator and Social Worker employed by AIS support the Transition Coaches to meet the language and complex social needs of these patients. This pilot will end on March 31, 2013.

Over the course of one year, December 2011-December 2012, 820 patients were referred to CTI and 576 were enrolled in the program. Upon analysis of the first two quarters of pre-CTI and post CTI Patient Activation Assessment (PAA) data, patients who completed CTI:

- Better understood their chronic conditions and the “red flags” associated with their chronic condition; scores increased from 34% pre-CTI up to 87% post-CTI in the 1st qtr, and 29% pre-CTI to 89% post-CTI in the 2nd qtr.
- Were better prepared for follow up visits with their health care providers; scores increased from 16% pre-CTI to 70% post-CTI in the 1st qtr, and 1% pre-CTI to 61% post-CTI in the 2nd qtr.
- Understood the purpose and importance of the personal health record (PHR); scores increased from 19% pre-CTI to 84% post-CTI in the 1st qtr, and in the 2nd qtr there was an 80% improvement-the pre-CTI score went from 7% to 87% post-CTI.
- Used the PHR to communicate information across all health care settings; scores increased from 14% pre-CTI to 83% post-CTI in the 1st qtr, and 3% pre-CTI to 79% post CTI in the 2nd qtr.

Overall, every data category in the Patient Activation Assessment showed marked improvement in the patient's level of performance post-CTI when compared with their pre-CTI scores.

Through the SCAN Foundation's *Dignity-Driven Decision-Making Initiative-Sustainability Analysis Project*, Avalere Health has been funded to complete a sustainability analysis on AIS' Care Transitions Intervention (CTI) Program. Avalere Health will complete both a qualitative and quantitative analysis of the program, prepare a policy and landscape strategy to support continuation of the program for high risk patients who will not be served through CCTP, and craft a business case document that will be used to secure funding from a variety of sources.

TEAM SAN DIEGO

No updates at this time.

Demonstration to Integrate Care for Dual Eligible Individuals

The MOA between the Department of Health Care Services' (DHCS) and the Center for Medicare and Medicaid Innovation (CMMI) for the Coordinated Care Initiative (CCI): State Demonstration to Integrate Care for Dual Eligible Individuals has not been signed to date. As released last week in the Governor's budget, the Demonstration in the eight counties authorized under SB 208 (including San Diego) will not begin until September 2013.

It is currently estimated that less than 40,000 duals will be eligible for the Demonstration in San Diego County. The County's final drafts of the MOA for In-Home Supportive Services (IHSS) and Public

Authority were provided to the four managed care health plans that are participating in the Demonstration in early January. A meeting is scheduled for January 16th to discuss the MOAs.

The Dual Eligible Demonstration Advisory Committee did not meet in January but will meet on February 6th. The Committee has been very active in providing input to the health plans on program operations, benefits, access to services, adequacy of grievance processes and consumer protections.

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